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Laboratory Medicine Physician Specialists Education in Europe Diversity and Harmonization

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European citizens free circulation

Until the Treaty of Rome (1957) each EU country choose without any transnational consideration the criteria for settle the laboratory medical specialty and which conditions were needed for educate and recognise its specialists.

With the Treaty harmonization and mutual recognition of diplomas is foreseen.

UEMS role

UEMS (established in 1958) together with its Specialist Sections (1962) were instrumental in the shaping of the “Doctors Directive” (1975), which established the mutual recognition between the member states of the EEC (EU our days)

Laboratory Medicine origin

The medical laboratory specialty genesis (by the XVIII century) was different from all other medical specialties.

Among other reasons, it didn't result from a medical super specialization but by analytical chemistry experts who offered to the physicians some of their theoretical and technical expertise which they haven't but felt as necessary for fully understand the individuals illness or healthy condition.

Diversity

Due to the different individual historic, geographical and political conditions, each nation diverged on its own option to supply well educated and proficient specialized professional to fulfil their citizen's needs, offering them to the most accurate and up-to-date and economically balanced specialized health services

The polyvalent system

Concerning Laboratory Medicine, some countries option has been to educate all the laboratory medicine trainees under the same broad spectrum of knowledge and skills and only to further hyperspecialize those that will be committed to a single branch of laboratory medicine knowledge.

Example: Portugal

The monovalent process

Differently, other countries option is to educate each laboratory medicine trainee on one single subject.

They considered that for achieving a solid enough knowledge and skill it is necessary to focus over one subject only.

Example: Denmark

The dual system

Polyvalent and monovalent laboratory medicine specialties coexist at the same country

Example: Spain

The common trunk concept

Almost everyone agree that several topics are common to all laboratory disciplines:

- Laboratory management;
- Health and Safety;
- Interfacing;
- Quality/Audit;
- Bioinformatics/IT/Connectivity
- Preanalytics;
- Postanalytics;
- Physiology/Physics/Chemistry/Biology

Diversity about training content

Some disciplines are part of the specialty core activity in one country but not in another.

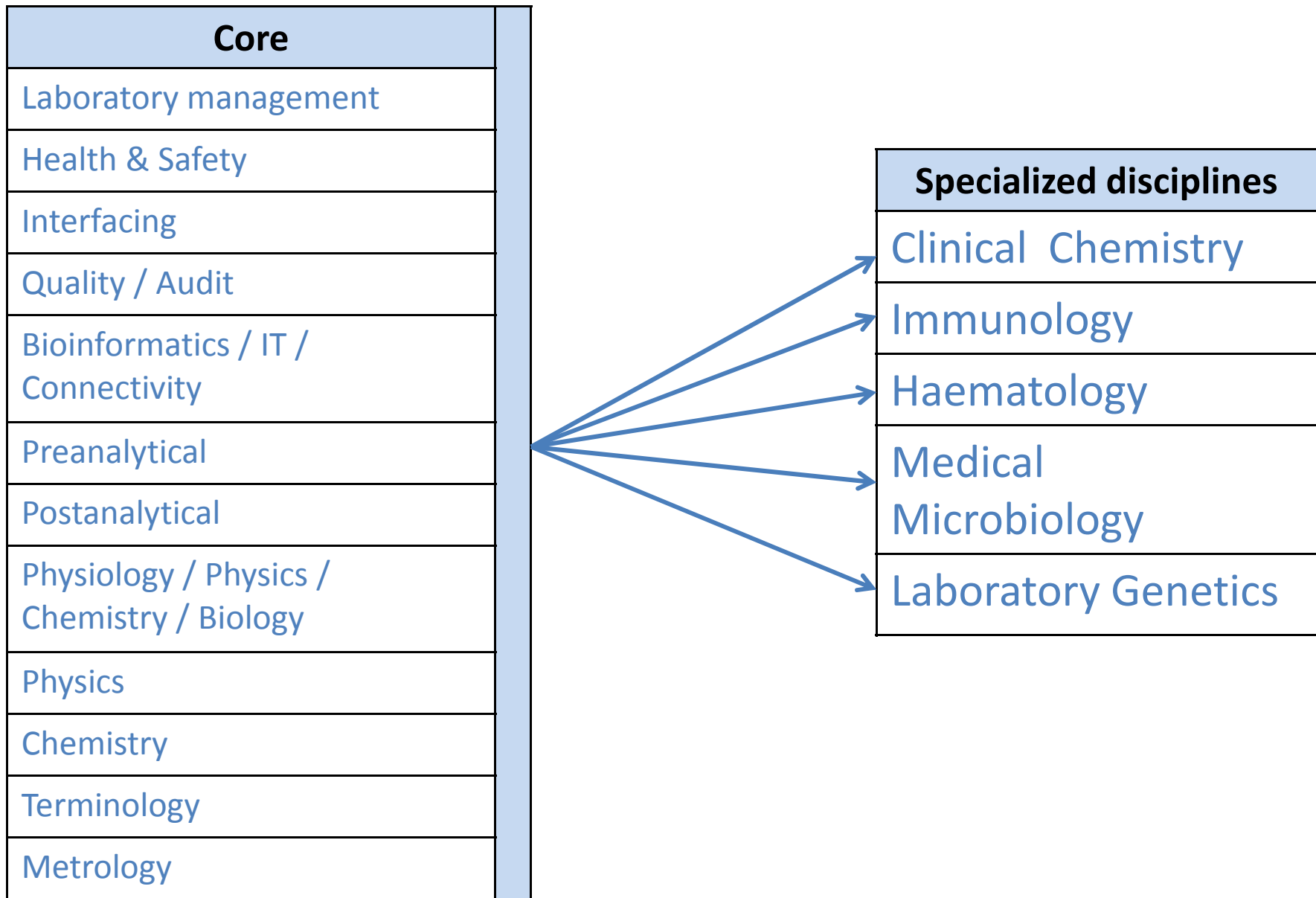
Example: Austrian polyvalent specialists act about blood banking but not the Portuguese polyvalent specialists as in Portugal exist another laboratory medicine specialty for this activity: Immunohemoterapy

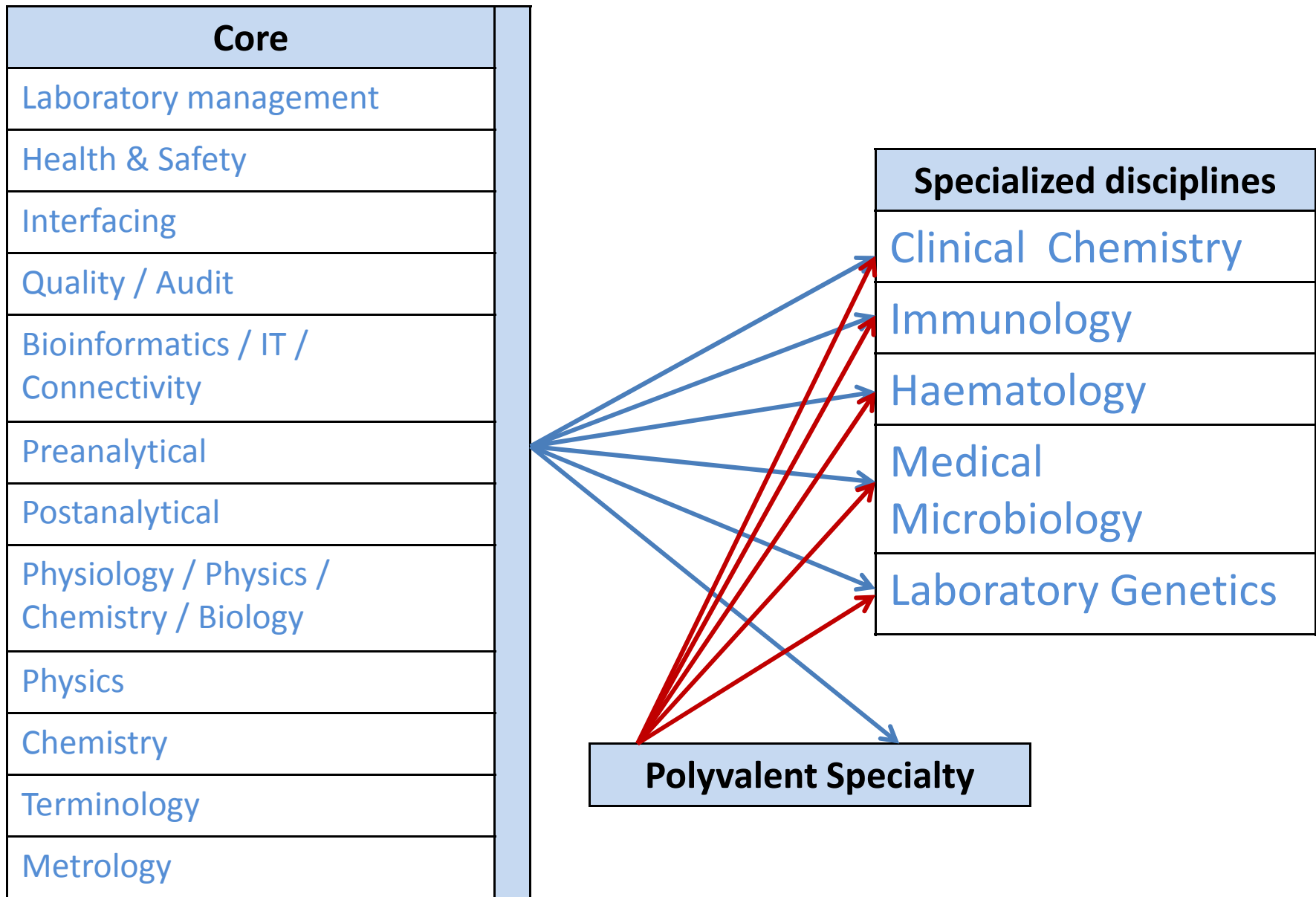
Why to harmonize?

- **Make easier movements from one country to another – automatic recognition or, at least, clear previous knowledge about the extra needs**
- **To change from one specialty to another – transparent and fast decision about needed complementary education**
- **Facilitate trainees interchange between training centres from different countries**
- **Improvement of training programs – we all learn from each other**

How to harmonize?

- **Acceptance of a core training (common trunk)**
- **Common training program**
- **Log-book**
- **Accepted learning methods**
- **Trainee evaluation**
- **Training centers evaluation**





Tasks of Sections and Boards

- Determine the core curriculum for training
- Propose a log-book
- Helps in the harmonization of training and qualification
- Helps in the harmonization of health care services with visitation

From the Hippocratic Oath

- I will remember that **there is art to medicine as well as science**, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug
- I will remember that **I do not treat a fever chart, a cancerous growth, but a sick human being**, whose illness may affect the person's family and economic stability...

